Special 510(k) Summary for the Tiger ® Spine System

JAN 1 4 2014

In accordance with 21 CFR 807.92 of the Federal Code of Regulations the following Special 510(k) summary is submitted for the Tiger ® Spine System

1. GENERAL INFORMATION

Date Prepared: +December 17, 2013

Trade Name: TIGER® Spine System

Common Name: pedicle screw system

Classification Name: orthosis, spinal pedicle fixation

orthosis, spondylolisthesis spinal fixation

Class: III

Product Code: MNI

MNH KWP NKB

CFR section: 21 CFR section 888,3070

21 CFR section 888.3050

Device panel: Orthopedic

Legally Marketed TIGER® Spine System (K110321, K113058, K120696, K121728, K131250)

Predicate Device: Expedium™/Viper™ Spine System (K033901, K051024, K062174, K063156,

K063741, K080313, K081898, K090648, K101993)

Scient'x Polyaxial LP (K062912)

Submitter: Corelink, LLC

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2. DEVICE DESCRIPTION

The TIGER® Spine System is composed of rods, connectors, and pedicle screws. It can be used for single or multiple level fixations.

Change from Predicate:

The purpose of this premarket notification is the addition of new components to the TIGER® Spine System.

Materials:

Ti-6Al-4V alloy per ASTM F136

3. SUBSTANTIAL EQUIVALENCE CLAIMED TO PREDICATE DEVICES

The TIGER® Spine System is substantially equivalent to the predicate devices in terms of intended use, design, materials used, mechanical safety and performances.

4. INTENDED USE

The TIGER® Spine System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and sacral/iliac spine (TI Si/Ileum): degenerative disc disease (defined as discogenic back pain with degeneration of disc confirmed by history and radiographic studies), degenerative spondylolisthesis with objective evidence of neurological impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudarthrosis).

5. NON-CLINICAL TEST SUMMARY

The following tests were conducted:

- Static and dynamic compression per ASTM F1717
- Static torsion per ASTM F1717
- Static axial and torsional grip per ASTM F1798
- Dimensional comparison of components

The results of this testing indicate that the TIGER® Spine System is equivalent to predicate device(s).

6. CLINICAL TEST SUMMARY

No clinical studies were performed

7. CONCLUSIONS NONCLINICAL AND CLINICAL

CoreLink, LLC considers the TIGER® Spine System to be equivalent to the predicate device(s) listed above. This conclusion is based upon the devices' similarities in principles of operation, technology, materials and indications of use.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

January 14, 2014

Corelink, LLC % Mr. J.D. Webb The OrthoMedix Group, Incorporated 1001 Oakwood Boulevard Round Rock, Texas 78681

Re: K133369

Trade/Device Name: TIGER® Spine System Regulation Number: 21 CFR 888.3070 Regulation Name: Pedicle screw spinal system

Regulatory Class: Class III

Product Code: NKB, MNI, MNH, KWP

Dated: December 17, 2013 Received: December 19, 2013

Dear Mr. Webb:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Lori A. Wiggins

for
Mark N. Melkerson
Director
Division of Orthopedic Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: December 31, 2013 See PRA Statement on last page.

10(k) Number (if known)	
K133369	
Device Name	
TIGER® Spine System adications for Use (Describe)	
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pe of Use (Select one or both, as applicable)	— — — — — — — — — — — — — — — — — — —
☑ Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)
PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON A SEPARATE PAGE IF NEEDED.	
FOR FDA USE ONLY	
Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)	

Zane Wawyatt -S

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

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